

**Eastern Montana Regional Trauma Advisory Committee ERTAC**  
**December 12, 2013, 1400**  
**Billings Cancer Center Conference Room 1-2**

<b><u>Present at Meeting:</u></b>	<b><u>Facilities Present via Tele-Med:</u></b>
Billings Clinic - Brad, Drew, Dr. Englehart	Wolf Point
St. Vincent Healthcare - Randi	Colstrip -
Glasgow - Elaine	Red Lodge
MTDHHS EMS & Trauma - Alyssa, Carol, Robin	Kim Todd
Bozeman - Sam	Columbus
Summit Air - Ben King	Ekalaka
HELP Flight - TC Coble, Jeremy, Bob	Glendive
	Livingston - Heather
	Plentywood
	Hardin
	Glasgow
	Lewistown
	Scobey
	Malta

<b>TOPIC</b>	<b>DISCUSSION</b>
<b><u>CALL TO ORDER</u></b>	Call to order by Dr. Oley at 1405
<b><u>REVIEW OF MINUTES</u></b>	September minutes motion to approve by Brad second by Chris Benton; unanimous approval.
<b><u>CASE PRESENTATIONS</u></b>	1410 - 1520
<b><u>INTRODUCTION</u></b>	State Trauma Program Manager Alyssa Sexton
<b><u>REGIONAL PI</u></b>	<p>Regional Trauma Performance Improvement presented by Kim Todd written by Deb Syverson Sanford Health-Fargo, ND</p> <ul style="list-style-type: none"> <li>• Quarterly meetings for Regional Trauma PI Committees</li> <li>• Development of PI Guidelines / Plan</li> <li>• Objectives to improve patient outcomes, PI projects, identify education opportunities, feedback.</li> <li>• Cases are pulled per PI indicators from state trauma registry</li> <li>• Regional updates / issues to STCC</li> <li>• All facilities participate</li> <li>• Critiques for ND <ul style="list-style-type: none"> <li>○ All deaths</li> <li>○ ISS &gt;15</li> <li>○ EMS scene time &gt;20</li> <li>○ Transfer times &gt;2hrs</li> <li>○ GCS &lt;8 without intubation</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Hemo/pneumo dx without chest tube</li> <li>○ Other regional/state review, educational</li> <li>○ CT scan not performed on peds &lt;16yrs</li> <li>○ &gt;3liters of IVF given</li> <li>○ Transfers directly out of state</li> </ul> <ul style="list-style-type: none"> <li>● Closed meeting with case presented, led by Level 2 TMD</li> </ul> <p>DISCUSSION regarding implementation of program for ERTAC Next discussion at March ERTAC meeting</p>
<b><u>SUB-COMMITTEE REPORTS</u></b>	<ol style="list-style-type: none"> <li>1. Treasurer Report by Brad – not available at meeting time</li> <li>2. Education Report by Elaine <ul style="list-style-type: none"> <li>✓ Curriculum written &amp; presentations ready</li> <li>✓ Instructor train the trainer planning for each region</li> <li>✓ TEAM course in Wolfpoint / Poplar with success</li> </ul> </li> <li>3. ERTAC State Report by Alyssa <ul style="list-style-type: none"> <li>✓ 2014 MT Trauma System Calendar out on website</li> <li>✓ Confidentiality concern</li> <li>✓ EXPECTATIONS with confidentiality, confidential agreement and statement must be presented prior to ERTAC, case reviews not included in general minutes, case presentations are after general meeting closing; MCA 50-6-415.</li> <li>✓ Trauma facility designation = 41 facilities</li> <li>✓ Designation criteria being revised</li> <li>✓ ATLS 2014 February 28 Great Falls, April 4 Billings, May 9 Missoula, November 7 Billings</li> <li>✓ RMRTS Sept 2013 had 265 people in attendance</li> <li>✓ 2013 MT Treatment Manual posted on website with manuals available and mailed</li> <li>✓ Trauma Registry web-based on hold d/t state server management</li> <li>✓ Rural Flex Grant Funds: E-coding, webex sessions, surgeon site reviews for CAHs, MT Trauma Treatment Manual, ATLS instructors</li> <li>✓ PI indicators: temps</li> <li>✓ Preventable Mortality Study: 1992 preventable death rate = 13%, 1998 = 8%, 2008 = 5%. Continue working on focus on ABCDs, new/inexperienced provider education, variance removal, PI.</li> <li>✓ Hospital preparedness: 53 facilities participating, statewide exercise in spring.</li> </ul> </li> <li>4. EMSC – Emergency Medical Services for Children by Robin <ul style="list-style-type: none"> <li>✓ October 2013 interfacility pediatric transfer guidelines sent to facilities</li> <li>✓ New Broselow tapes, 2011 available</li> <li>✓ EMSC prehospital assessment available at <a href="http://emscsurveys.org">emscsurveys.org</a></li> </ul> </li> </ol>
<b><u>COMMENTS / DISCUSSION</u></b>	Air transport teams accountability & PI, how to involve all flight services. Planning event for May prior to Rimrock Trauma Conference. Invites will continue to flight teams requesting their participation in ERTAC.
<b><u>ADJOURNMENT</u></b>	General meeting was adjourned at 1700.

**THE NEXT ERTAC MEETING IS SCHEDULED FOR *March 6*, hosted at Billings Clinic Conference Center.**

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**Case Presentations**  
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<b>CASE 1 Presented by Brad</b>	MVC rural scene with x2 patients. Paramedic & EMT response with flight team alerted. Long scene time by 2 separate fixed wing crews; 30min sitting at airport. Injuries included traumatic amputation of leg; multiple pelvic fx; rib fxs; femur fx; sternum fx; metacarpal bone fx; ARDS
<b>CASE 2 &amp; 3 Presented by Sam &amp; Brad</b>	GSW PT 1 - Trauma team activated by EMS based on dispatch time. EMS scene time 4mins with 9min transport time. Needs blood vs IVF; blood resources exhausted between 2 rural facilities. Injuries included transection of iliac & femoral artery; acetabulum fx. Transferred to WA which increased transport time.  PT 2 – Injuries included popliteal artery & vein; fibula fx. Priorities of care of vascular trauma = ABC, ATLS, replace volume loss, cover wounds appropriate, frequent re-evaluations.  Arterial vs. Venous review